



FILED

JUN 12 2008 TC
 Jun 12, 2008
 MICHAEL W. DOBBINS
 CLERK, U.S. DISTRICT COURT

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>* <i>[Signature]</i></p> <p>B. Received By (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>SL Fiker</i> <i>6/9/08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Stephen R. Ludwig</p> <p>United States District Court</p> <p>Robert A. Grant Federal Building</p> <p>United States Courthouse</p> <p>South Main Street</p> <p>Bend, IN 46601</p>		<p><i>08cr412</i></p> <p>Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number</p> <p>(Transfer from service label) <i>7006 0100 0001 7312 0477</i></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>	